Roles, Responsibility and Patient Care Activities for Sub-Specialty Trainees

Fellow/Resident Supervision on the Pediatric Surgical Service

University of Washington Medical Center
Harborview Medical Center
Seattle Children’s Hospital

The following policies/procedures have been established to guarantee appropriate supervision for the Surgical Fellows and residents at each level. They have been structured to develop independent decision-making in a graduated fashion as the fellow/resident progresses throughout the program.

1. All patients admitted to the hospital or referred to the Emergency Room or clinic with a General Pediatric Surgical problem are assigned to a surgical attending for supervisory management. This is done via the call schedule or by direct referral to a specific attending.

2. Each of the surgical attendings rotate on-call responsibility. The on-call attending supervises the service by being available for consultative requests, operating room coverage, surgery clinic and routine rounds. The patients assigned to the on-call attending are not transferred to the upcoming rotating attending. This preserves teaching and clinical continuity, supervision of the residents, identification for the patients/families, and referral communication.

3. The Surgical Fellows and residents gain increasing responsibility and independent decision-making through graduated assignment of job functions and expectations of leadership (clinical and administrative). Performance expectations for the first and second year Surgical Fellow are related to this assignment of increasing responsibility. Their clinical ability is continuously evaluated in order to provide consistent and meaningful feedback to the respective Surgical Fellow. Significant emphasis is placed on individual maturing of each of each Surgical Fellow so that he/she may make steady progress toward completion of the Pediatric Surgical Fellowship.

4. The second year Surgical Fellow assumes increasing autonomy in the clinical, teaching, research and administration areas. He/she is more selective about his/her own operative experience. While the on-call teaching attending always remains available, and carefully monitors patients activities, a conscious effort is made to support the surgical fellow from the background.

5. The final goal for the Chief Surgical Fellow is to perform at a teaching attending’s level with the single exception of an attending’s presence in the OR during any resident performed surgery. A portion of didactic teaching toward the end of the second year is done by the Chief Surgical Fellow so that he/she is able to step with ease, ability and confidence from the last day of SCH training to a job as a teaching attending in pediatric surgery.
Specific Responsibility of each Fellow/Resident

1. Chief Pediatric Surgical Fellow
   Responsible for the overall management and administration of the pediatric surgical service under the supervision of the attending staff. The chief fellow reports directly to the faculty member responsible for or covering each patient.

2. Assistant Chief Pediatric Surgical Fellow
   Responsible to assist the chief fellow and to be able to step in and fulfill the chief fellow’s tasks in his/her absence. Reports to the Chief fellow and to the faculty member responsible for or covering each patient.

3. PGY 2/3/4
   UW, VM, Swedish, Madigan
   Responsible for the care and management of individual patients as assigned by the surgical fellows, but with the expectation of a working knowledge of the entire service in order to be able to cover fellow residents. To be supervised by the surgical fellows and the attending staff. Residents must report to the fellows or to the attending surgeons directly. Clinical decisions should in general made after discussion with the supervising fellow or faculty member. Complete patient sign-out to the covering night fellow and resident is mandatory.

4. Intern
   UW
   Similar responsibilities to the PGY 3 and 4 years but with increased supervision. Patient care should not include patients in the IICU and PICU. While some leeway is given the PGY 3 and 4 residents in regard to patient management decisions in the ER, ward and with consults, interns must discuss care management plans with the fellows or the attending staff prior to making recommendations. Complete patient sign-out to the covering night fellow and resident is mandatory.

5. Medical Students doing a one month elective
   Will be assigned patients on the service and will be expected to follow their patients throughout that hospital admission, present on daily rounds, and write a daily progress note. Students should participate in their patients' operative procedures and be available to assist with other cases as necessary. Orders may be written by the students but must be cosigned by a physician. Call is up to the discretion of the student and the chief surgical fellow but is generally every 3-4th night. Fourth year students
will be expected to give a short (~30 min) talk on a topic of their choice at a Thursday conference toward the end of their rotation. Students are expected to turn in at least two comprehensive history and physicals to Dr. Gow during the rotation. The first should be completed by the end of week one and the second by the end of week 3.

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